



Do Not Write or Staple in This  
Space.  
Reserved For Fiscal.

## Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01047099

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115


Freight Amount: \$0.00  
Gross Amount (includes Frt.): \$762,500.00  
Discount Amt Taken: \$0.00  
Payment Amount: **\$762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT																			
1		0		TPCN-12.2	TPCN-12.2 (529-10-0013-000001E)	\$762,500.00																			
<u>ShipTo ID</u> <u>Non-HHSAS Cntrct ID</u>																									
E893																									
<div><div><u>Contract #</u> N</div><div><u>Wkfc</u> N</div><div><u>Org PmtDt</u></div><div><u>IC</u></div><div><u>RC</u></div></div> <div><div>Invoice DT: 09/21/15</div><div>Req'd Pay DT: 11/03/15</div><div>Inv Rec'd DT: 09/21/15</div><div>Pay Due DT: 11/30/15</div><div>Service DT: 10/31/15</div><div>P O DT:</div></div>																									
<table><tr><th><u>Account</u></th><th><u>Entry Event</u></th><th><u>Fund</u></th><th><u>Dept.</u></th><th><u>Program</u></th><th><u>Class</u></th><th><u>Budget Ref</u></th><th><u>Pri/Grant</u></th><th><u>Amount</u></th></tr><tr><td>1.1</td><td>725300</td><td></td><td>0001</td><td>716</td><td>5016</td><td>03138</td><td>2016</td><td>TANF100F</td><td>\$762,500.00</td></tr></table>							<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>	1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00
<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>																	
1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00																
<div>Open Item Key:</div> <div>Conf:N</div> <div>Certified Amt: 0.00</div>																									

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
		OCT 30 2015	10/30/2015
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
			Kulkarni, Anjali Narayan
Contact Name	Contact Phone(Area+Number)		

01047099

**RECEIVED**  
OCT 29 2015  
HHSC Accounting Ops

Health & Human Services  
Commission

STATE OF TEXAS

**PURCHASE VOUCHER**

(Shaded areas not used by Agency 529)

Page 1 of 1

2. Agency number <b>529</b>		3. Agency name <b>Health &amp; Human Services Commission</b>		4. Current document number	
8. Doc agency <b>529</b>					
9. Texas identification number <b>1760802397</b>		10. PDT	12. Purchase Order number		13. Document amount <b>\$762,500.00</b>
14. Payee name / address <b>Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746</b>				17. AGENCY USE	
18 SFX 001	FY <b>2016</b>	COBJ <b>7253</b>	Amount <b>\$ 762,500.00</b>		
Invoice date <b>9/21/2015</b>		Invoice number / Account Number <b>TPCN-12.2</b>		Invoice Received Date <b>9/21/2015</b>	
DeptID/Speedchart <b>716</b>		Requested Payment Date <b>3 DAY PAY</b>		Interest Control Reason Code	
18 SFX 001	FY	COBJ	Amount		
Invoice date		Invoice number / Account Number		Invoice Received Date	
DeptID/Speedchart		Requested Payment Date		Interest Control Reason Code	
18 SFX 001	FY	COBJ	Amount		
Invoice date		Invoice number / Account Number		Invoice Received Date	
DeptID/Speedchart		Requested Payment Date		Interest Control Reason Code	
19. SERVICE / DEL DATE <b>October 2015</b>		20. DESCRIPTION OF GOODS OR SERVICES <b>Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E.  Contract 529-10-0013-00001E. September 1, 2015 - February 29, 2016.</b>		21. QUANTITY <b>1</b>	22. UNIT PRICE <b>\$ 762,500.00</b>
					23. AMOUNT <b>\$ 762,500.00</b>
24. VENDOR CERTIFICATION		Phone (Area code and number)		25. Entered by	
Vendor Contact Name		Phone (Area code and number)			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.					
Agency contact/preparer SIGN HERE <b>Beth Zahn</b>		Printed Name <b>Beth Zahn</b>		Phone (Area code and number) <b>512-206-5111</b>	Date <b>10/23/2015</b>
Agency Approver SIGN HERE <i>Marilyn Eaton</i>		Printed Name <b>Marilyn Eaton</b>		Phone (Area code and number) <b>512-206-5187</b>	Date <b>10/23/2015</b>

*Rolando Garza Rolando Garza 424 6660*

Form 4116 02/2015

*10/26/15 10/29/15 Smb*



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Beth Zahn  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Taxpayer ID No. 76-0802397**

Amounts due may be remitted  
by Electronic Funds

**To: Business Bank of Texas, N.A.**

1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758

**Routing No. 114925615**

**Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number: TPCN-12.2**

**Invoice Date: September 21, 2015**

**Due Date: October 31, 2015**

**For Professional Services Rendered:**

**RE:**

**Contract Number: 529-10-0013-00001E**

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

**Payment 12.2:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date: October 31, 2015**

**\$762,500.00**

**Amount Due**

**\$762,500.00**

1101 S. CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746  
TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG

2/15/16

0000 PSP 05700 00700/00 0000 000000